PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further c indicated unless corrected maintenance fee notificati	I below or directed oth	erwise	in Block 1, by (a) specifying a new cor	respondence a	iddress;	and/or	(b) m	meating a sepa	rate "F			
CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.												
BERESKIN AN 40 KING STREE BOX 401	T WEST	2008				Cort	ificate i	of Mai	iling or Trans	nission depos t class above, ate indi	n ited with the United mail in an envelope or being facsimile icated below.		
TORONTO, ON CANADA	M5H 3Y2										(Depositor's name)		
CHITIDIT											(Signature)		
				L							(Date)		
APPLICATION NO.	TION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.				CONFIRMATION NO.		
09/643,755	09/643,755 08/23/2000 Gijs van Rooijen 9369-153/MG 1008								1008				
TITLE OF INVENTION:	COMMERCIAL PROI	OUCTI	ON OF CHYMOS	IN IN PLANTS									
APPLN, TYPE	SMALL ENTITY		SUE FEE DUE	PUBLICATION FEE DU	E PREV. PAI	PREV. PAID ISSUE FE		FEE TOTAL FEE(S) DUE		DATE DUE			
nonprovisional	NO		\$1440	\$0		\$0			\$1440		04/10/2008		
EXAMINER			ART UNIT	CLASS-SUBCLASS									
WORLEY, CATHY KINGDON 1638 800-288000													
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SBI 22) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SBI 47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.				For printing on th (1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent s listed, no name will	ing as a	ent attorneys Defeskin & Fair Amember a mess of up to							
3. ASSIGNEE NAME A													
PLEASE NOTE: Unb recordation as set forth (A) NAME OF ASSIG SemBioSys Gen	ONEE	edata will appear on the patent. If an assignee is identified below, the document has been filed for IT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Calgary, Alberta, Canada											
Please check the appropri	iate assignee category o	rcatego	ories (will not be pr	rinted on the patent) :	☐ Individual	⊠ Co	rporati	on or c	other private gr	oup ent	tity Government		
4a. The following fee(s) are submitted: 23 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				th. Poyment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by reduit card. Form PTO-2038 is attached: The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overspayment, to Deposit Account Number: 02-2095 (enclose an extra copy of this form).									
5. Change in Entity Star	tus (from status indicate s SMALL ENTITY stat		e)	☐ b. Applicant is no									
NOTE: The Issue Fee an interest as shown by the													
Authorized Signature	records of the United Se	rtes Par	velle	Office.		Apri							
Typed or printed nam	_e Micheline G	:11e	Registration No. 40,261										

This collection of information is required by 37 CFR. 1.311. The information is required to obtain or retain a benefit by the public which is to fift (and by the USFTO to process) an application. Confidentially is governed by 35 U.S.C.F.O.2 and 37 CFR. 1.14. This collection is estimated to subject to retain the confidence including pathway and process to the confidence in the process of the

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.